



SECURITY GATE ACCESS REQUEST FORM

Date: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Select access needs: \_\_\_\_\_ Auto \_\_\_\_\_ Pedestrian \_\_\_\_\_ Bike Cage

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Department: \_\_\_\_\_

Employment Status: (Permanent) \_\_\_\_\_ (Temporary) \_\_\_\_\_ (Contractor) \_\_\_\_\_ (Other) \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Days: \_\_\_\_\_

Year/Make/Model of Car 1: \_\_\_\_\_

Color of Car: \_\_\_\_\_ License Plate of Car: \_\_\_\_\_

Year/Make/Model of Car 2: \_\_\_\_\_

Color of Car: \_\_\_\_\_ License Plate of Car: \_\_\_\_\_

Year/Make/Model of Bicycle: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

If you are faxing this form, please provide the following information:

Parking Permit Number: \_\_\_\_\_

Access Number (found on back of Medical Center ID): \_\_\_\_\_

Please return this form to the Bachman parking office, Mail Code 8205, or fax to (619) 543-3358. A \$10 fee will be charged for replacement of lost proximity devices.

For more information on gate access, please call (619)-543-6524.